

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41449

## 1. PLACE OF DEATH

County Lewis  
Township Union  
City                      (No.                      ,

Registration District No. 480  
Primary Registration District No. 5675

File No.                       
Registered No.                      St.                      Ward                     

2. FULL NAME Elizabeth Eberhardt

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) sep. 13th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 3 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) La. Grange, Mo. (STATE OR COUNTRY) Mo.13. NAME James F. Pulliam14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)                     15. MAIDEN NAME Salle Gill16. BIRTHPLACE (CITY OR TOWN) Marion County, Mo. (STATE OR COUNTRY)                     17. INFORMANT Mr Austin Eberhardt (ADDRESS) La Grange, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Jan. 1st 19 3119. UNDERTAKER A. A. Roberts (ADDRESS) La Grange, Mo.20. FILED Dec 30 1931 W. D. Owens Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30th 19 3122. I HEREBY CERTIFY, That I attended deceased from Dec 24th 19 31, to Dec 29th 19 31. I last saw him alive on Dec 29th 19 31. Death is said to have occurred on the date stated above, at 4:15 A. M.The principal cause of death and related causes of importance were as follows: Diabetes Complicated with Renal insufficiency Date of onset                     Other contributory causes of importance: Neurosis from loss Dec 24thName of operation                      Date of                     What test confirmed diagnosis?                      Was there an autopsy?                     23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                      Date of injury                      19                     Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury                     Nature of injury                     24. Was disease or injury in any way related to occupation of deceased?                     If so, specify                      (Signed) W. D. Owens, M. D.(Address) La Grange, Mo.

